

**AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS**

TYPE:    ☐ IXC            ☐ CLEC            ☒ ILEC            ☐ Wireless

242735

~~24200~~

**CERTIFICATED COMPANY INFORMATION**

St. Stephen Telephone Company  
 Company Name \_\_\_\_\_ FEIN/SSN \_\_\_\_\_  
 TDS Telecom \_\_\_\_\_ 865 671-4749  
 Dbaf/ka \_\_\_\_\_ Telephone # \_\_\_\_\_  
 10025 Investment Drive, Suite 200  
 Mailing Address \_\_\_\_\_  
 Knoxville, TN 37932  
 City, State, Zip Code \_\_\_\_\_  
 Town of St. Stephen  
 Business Location \_\_\_\_\_  
 \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_ County \_\_\_\_\_

**RECEIVED**  
 APR 08 2013  
 PSC-SC  
 MAIL / LMS

**REGISTERED AGENT INFORMATION**

Registered Agent: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

- A.            N/A  
**General Manager** (Include address if different than above.)  
 \_\_\_\_\_  
 Telephone Number                      Facsimile Number                      E-mail Address
- B.            \_\_\_\_\_  
**Customer Relations /Complaints Representative** (Include address if different than above.)  
 \_\_\_\_\_ /TDS Telecom Complaints <tdstelecomcomplaints@tdstelecom.com>  
 Telephone Number                      Facsimile Number                      E-mail Address
- C1.            James Meade  
**Customer Relations/Complaints Representative for Escalated Complaints** (Include address if different than above.)  
 \_\_\_\_\_ / \_\_\_\_\_ / jim.meade@tdstelecom.com  
 Telephone Number                      Facsimile Number                      E-mail Address
- C2.            \_\_\_\_\_  
**Customer Contact (Toll Free Number)**
- D.            James Meade  
**Engineering Operations** (Include address if different than above.)  
 \_\_\_\_\_  
 Telephone Number                      Facsimile Number                      E-mail Address
- E.            James Meade  
**Test and Repair** (Include address if different than above.)  
 \_\_\_\_\_

Telephone Number                      Facsimile Number                      E-mail Address

F. James Meade

**Emergencies** (During non-office hours)

865 679 9667

/

/

Telephone Number

Facsimile Number

E-mail Address

**In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:**

G. James C Meade

**Regulatory Officer** (Include address if different than above.)

865 671-4749

/

865 966-4720

/

jim.meade@tdstelecom.com

Telephone Number

Facsimile Number

E-mail Address

H. TDS Telecom -Tax Knowledge Center

**Dual Party Mailings** (Name)

525 Junction Road Madison, WI 53717

Mailing Address

865 671 4749

/

608 664-8887

/

taxknowledgectr@teldta.com

Telephone Number

Facsimile Number

E-mail Address

I. Mailings to James Meade **Checks** to: TDS Telecom- St. Stephen USRJCM Attn: Scanning PO Box 480 Monroe, WI 53566

**Interim LEC Fund Mailings** (Name)

Invoices to: TDS Telecom- St. Stephen USRJCM PO Box 620988 / Middleton, WI 53562-0988

Mailing Address

865 671 4749

/

865 966 4720

/

jim.meade@tdstelecom.com

Telephone Number

Facsimile Number

E-mail Address

J. Mailings to James Meade **Checks** to: TDS Telecom- St. Stephen USRJCM Attn: Scanning PO Box 480 Monroe, WI 53566

**Universal Service Fund Mailings** (Name)

Invoices to: TDS Telecom- St. Stephen USRJCM PO Box 620988 / Middleton, WI 53562-0988

Mailing Address

865 671 4749

/

865 966 4720

/

jim.meade@tdstelecom.com

Telephone Number

Facsimile Number

E-mail Address

K. Finance

**Gross Receipts Mailings** (Name)

24 Depot Square, Unit 2 Northfield, VT 05663

Mailing Address

865 671 4749

/

865 966 4720

/

finance@tdstelecom.com

Telephone Number

Facsimile Number

E-mail Address

L. James Meade New Applicant may be sent directly to the e-mail listed below

**Lifeline Mailings** (Name)

Mailing Address

/

/

Lifeline Approvals <lifelineapprovals@tdstelecom.com>

Telephone Number

Facsimile Number

E-mail Address

James Meade

This form was completed by (print name)

Signature

Manager State Government Affairs

Title

12/13/12

Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC  
**Docking Department**  
Post Office Drawer 11649  
Columbia, South Carolina 29211

Office of Regulatory Staff  
**Attn: Jeanne Gordon**  
1401 Main Street, Suite 900  
Columbia, South Carolina 29201

(Rev. PSC/ORS 08)